

Using the Lens of Ambiguous Loss to Treat COVID-19 Pandemic Fear and Anxiety

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Theory Base

The theory (lens) of ambiguous loss is:

- stress/resilience based, systemic, inclusive across cultures.
 - e.g., sudden stressor: COVID-19
 - e.g., chronic stressor: systemic racism
- AL theory is a useful guide for therapy and intervention with individuals, couples, groups of individuals/couples, multiple family groups, and community groups.

(Boss, 2016)

Definition of Ambiguous Loss

- A loss that remains unclear. Not knowing the whereabouts or fate of a loved one who is missing--in body or mind.
- Ongoing and without clear ending.
- Can't be clarified, cured, or fixed.
- AL can be physical or psychological, but with each, there is incongruence between absence/presence.
- Contextual: The pathology lies in a context or environment of ambiguity, not in the individual or family, e.g., pandemic, racism.

Two Types of Ambiguous Loss

Type I: *Physical Absence with Psychological Presence*

Leaving Without Goodbye

catastrophic: disappeared, kidnapped, lost without a trace, missing-in-action, not being able to be with an ill or dying parent; ***more common:*** leaving home, divorce, adoption, immigration, military deployment, transitioning gender, institutional placement, etc.

Type II: *Psychological Absence with Physical Presence*

Goodbye Without Leaving

catastrophic: Alzheimer's disease and other illnesses that cause dementias, brain injury, autism, addiction, depression; ***more common:*** homesickness; preoccupation with absent loved one, affairs, work; obsessions with phones, computer games, etc.

Note:

- Both types of ambiguous loss can occur simultaneously in *one person*: the simultaneous loss of physical and psychological functions (being unable to walk plus loss of cognitive functioning).
- Both types of ambiguous loss can occur simultaneously in *one couple or family* (a husband disappeared and a child addicted) or a community or nation.
- AL can occur within an individual; loss of limb, loss of memory.

What Ambiguous Loss Is Not

Quick Overview

- Not death (yet depends on circumstances and beliefs)
- Not a grief *disorder* (yet akin to complicated grief)
- Not PTSD (yet traumatic)
- Not complicated grief (yet has similar symptoms)
- Not ambivalence (an outcome of ambiguity, not a synonym)

(Let's take a closer look at each item.)

Unlike Death

- AL has no official verification: no official death certificate or information about where they may be. Or the lost person is still here and alive, but mind and memory are gone (dementia, addiction, etc.).
- AL creates **frozen grief** (Boss, 1999/2000) akin to complicated grief, but the complication is due to the **type of loss—a complicated loss**, not personal weakness.
- Pathology lies in the external context (ambiguity), not in the family or its members.

Unlike DSM-5 Grief Disorder

- Family members with loved ones who vanish physically or psychologically cannot be labeled as sick; the pathology lies in their social context of ambiguity and not-knowing.
- Note: they may nevertheless manifest symptoms similar to grief disorders, which are:

Grief that continues, depression with intense grief that interferes with daily functioning (eating, sleeping, working, etc.), preoccupation with lost person, difficulty finding meaning, putting life on hold, chronic sadness.

Unlike PTSD

While both AL and PTSD can lead to depression, anxiety, guilt, psychic numbing, flashbacks, and distressing dreams, differences are:

- **PTSD** is viewed as an individual disorder, medically defined, individually diagnosed and treated. The goal: Return patient to health.
- **AL** is a relational stressor, thus relational interventions are needed. The therapeutic goal: Resiliency to live with the ambiguity because the painful mystery may never end. It may continue for years, even across generations.

Unlike Complicated Grief

- With AL, chronic grief is a normal reaction to an abnormal social situation. The source of pathology (ongoing grief) lies in the type of loss—ambiguous—not in the individual psyche. Grief is ongoing because the loss is ongoing.
- Yet, because AL is a *complicated loss*, it is linked to *complicated grief*. Without deficiency in individual, couple, or family, it can *lead to symptoms akin to complicated grief*: an ongoing state of grief with problems accepting death, lack of trust in others, bitterness about loss, etc.) (Shear et al., 2011; mayoclinic.org).

Unlike Ambivalence

- **Terms mean different things:**
Ambivalence means: conflicted emotions.
Ambiguous loss means: a situation of unclear loss.
- **Yet, there's linkage:** The ambiguity surrounding loss leads to ambivalence regarding the missing person.
- **Problem:** Ambivalent or conflicted feelings (e.g., love/hate; wishing for remains/wishing for life) create guilt and anxiety.
- **Goal:** Talk about and normalize conflicted feelings but not harmful actions.

Is There Ambiguity in Death?

- Yes, there is a degree of ambiguity in every loss, including a verified death.
- But some deaths have more ambiguity than others because they don't make sense and thus lack meaning and certainty:
 - Suicide
 - Murder, death camps, genocide, lynching
 - Death of a child or baby
 - Miscarriage, stillbirth, abortion
 - COVID-19 deaths not witnessed or ritualized,
 - unjust deaths (e.g., George Floyd and others).

Examples of Ambiguous Loss Caused by the Pandemic

Loss of who we have been, what we have been doing, being in some control over our lives, and the loss of our view of the world as a safe and manageable place. Specifically, many of us and the people we help lost:

- our usual agency and freedom
- control over our usual personal, family, and work life
- our in-person relationships
- our job; loss of money and financial security
- our sense of safety
- the ability to control how much time we spend with children and family--and partners. Too much? Too little? Pleasant? Tense? Abusive?
- ability to gather physically together in large numbers for worship, sports, concerts.

List your losses and reflect on them. Later, have clients do the same.



Loss and Grief

Quick History and Update

Brief History

- Freud: “. . . although mourning involves grave departures from the normal attitude toward life, it never occurs to us to regard it as a pathological condition and to refer it to a medical treatment” (Freud, 1917, cited in Shear et al., 2011, p. 104).
- Freud is considered largely correct in normalizing grief, but no mention of ambiguous loss or its complicated grief (frozen grief) (Boss, 1999/2000).

Brief History (cont.)

Conflicting Ideas: The Personal vs. the Professional

Although grief experts have historically promoted the idea of closure and finishing the work of grieving, they, surprisingly, tell a very different story when referring to their own losses.

When a patient asked Freud about his beloved daughter who died from the flu, he touched a tiny locket that he wore fastened to his watch chain, and said, “She is here.”

Peter Gay, *Freud: A Life for Our Time*, 2006, p. 392

Others:

Freud’s letter to Binswanger after he lost his son (Freud, 1960).

Kübler-Ross’s last writings after suffering from strokes

(Kübler-Ross & Kessler, 2000, 2005).

Brief History (cont.)

Focus: Finishing the Work of Grief

- Grief as Repressed or Delayed (Lindemann, 1944)
- Grief in Five Stages (Kübler-Ross, 1969)
(denial, anger, bargaining, depression, acceptance)

Update on Grief

A. Focus on More Nuanced Types of Grief

- Disenfranchised Grief (Doka, 1989)
- Chronic Sorrow (Harris, 2010; Olshansky, 1962; Roos, 2002)
- Complicated Grief (Shear et al., 2011)
- Grief as Normal Oscillations Instead of Closure (Bonanno, 2009; Kissane, 2003, 2011).

B. Focus on Living With Grief; No Need to “Get Over It,” No

Timeline

- Becvar, 2001
- Boss, 2006-2011
- Boss & Carnes, 2012
- Boss & Ishii, 2015
- Kissane, 2011
- Kissane & Parnes, 2014
- Neimeyer, Harris, Winokuer, & Thornton, 2011
- www.ambiguousloss.com

Update (cont.)

C. Focus on Types of Loss (Context)

- Ambiguous Loss (Boss 1999/2000, 2006, 2011, 2012a)
- Traumatic Loss (van der Kolk, McFarlane, & Weisaeth, 1996/2007)
- Anticipatory Loss (Rolland, 2004)

D. Focus on Resilience Instead of Closure

- Becvar, 2001
- Boss, 2006, 2012b
- Hawley & DeHaan, 1996 (family)
- Masten, 2001
- McCubbin & McCubbin, 1993 (nursing)
- Walsh, 1998, 2012

Update (cont.)

E. Focus on Family/Community After Loss

- Boss, 1988, 2002, 1999/2000, 2006, 2016
- Boss, Beaulieu, Wieling, Turner, & LaCruz, 2003
- Boss, & Ishii, 2015
- Kissane, 2003, 2011
- Kissane & Parnes, 2014
- Landau, 2007
- Robins, 2013
- Saul, 2013

Cultural Views of Loss and Grief

Mastery over Nature (more Western view)

- One can master anything if you try hard enough.
- Loss and grief are things to “get over.”
- We can cure, fix, solve anything.
- Successful people don’t suffer.

Harmony with Nature (more Eastern view)

- Suffering is part of life.
- Thinking that suffering can be avoided is ego wanting its own way.
- It is possible to have a good life while living with the suffering of loss.

Religious and Secular Beliefs About Loss and Grief

- **More Eastern Views:** Desire to stay in touch with ancestors who often perform a symbolic role, e.g., they watch over the missing family members. (Fukushima)
- **More Western Views:** Need for closure, need to be productive again, “need to get over it,” discomfort with others who are suffering.
- **East and West:** Rituals of comfort provided for families after a death but often withheld from families suffering with ambiguous loss. (e.g., 9/11 in New York City; 3/11/11 earthquake, tsunami in northeastern Japan)
- Community support vs. self-reliance.

Ambiguous Loss and Religious Beliefs

- Yes, tolerance for ambiguity is faith in the unknown.
- But, there appears to be no correlation between the religious and non-religious in their tolerance for ambiguity.
- Thus we pay less attention to specific religious beliefs than to meaning.
- Unless you are trained in theology, do not ask about religion. Ask instead: *What does this situation mean to you?* Then follow *their* lead. Self-blame or desire for revenge are serious concerns, but overall, diversity in beliefs is typical.

Effects of Ambiguous Loss

Before COVID: What People Said was Lost:

- Loss of loved one as she was—and thus the relationship as it was.
- Loss of knowing whereabouts of loved one or status as dead or alive; no body to bury.
- Loss of control over my life (on edge, not knowing, in limbo, frozen in place).
- Loss of trust in the world as a fair and rational place.
- Loss of dreams for the future.
- Still true? Ask clients for their list.

Individual Effects of Ambiguous Loss

- Depression
- Anxiety
- Hopelessness (no meaning); brain does not like ambiguity
- Helplessness (no mastery without facts)
- Confused identity (Who am I now?)
- Increased ambivalence: social, not psychiatric
- Anxious attachment (insecure, searching)
- Frozen grief (sadness vs. depression)

Sadness vs. Depression

- Sadness: mildly grieving and unhappy, but still functioning; oscillation.
Intervention: human connection, peer groups, social support and activities.
- Depression: sadness so deep one cannot function; cannot care for self or others.
Intervention: professional psychotherapy, family therapy, perhaps medication.

(Adapted from Boss, 2011, pp. 26 & 130.)

Family Systems Effects

- Family conflict: cutoffs, rifts, alienation.
- Family rituals/celebrations: canceled.
- Roles: confused; who does what?
- Family/couple boundaries: who is in, who is out?
Not clear.
- Family decision making: process frozen.

Assessment

Three Rs: Family Roles, Rules, &
Rituals

Assessment: Family Roles

- What marital/family roles or tasks have you lost? Gained?
- How do you manage the change?

Assessment: Family Rules

- Who has the power to make the decisions and plans for daily routines?
- Is gender, race, age, class, or religion affecting your ability to cope?
- Is safety, poverty, or economic security an issue?

Assessment: Family Rituals

- What family and community celebrations, holiday events, and religious rituals did you observe before your ambiguous loss?
- How did you and your family adapt your usual rituals and celebrations since your ambiguous loss?
- Did your community recognize your loss? Help memorialize? (e.g., Malaysian airliner, Jim Gray Tribute, DUET Caregiver Videos.) (For more information, see Boss, 2008; Duet, 2016; also see Robins, 2013; Saul, 2013.)
- Involve families of the missing in deciding whether or how to memorialize.



Treatment and Intervention

What Is Resilience?

- Family resilience is the path the family follows as it adapts and prospers in the face of stress in the present and over time (paraphrased, Hawley & DeHaan, 1996).
- Strengths forged through adversity (Walsh, 2012).
- Ordinary magic (Masten, 2001).
- With ambiguous loss, resilience is having a high tolerance for ambiguity (Boss, 2006).

Update on Resilience

(Boss 2006; Boss, Bryant, & Mancini, 2017)

- Resilience is more than recovery.
- Resilience is more common than we thought.
- There are often uncommon pathways to resilience: e.g., family, community, culture, spiritual beliefs, etc. (See Boss, 2006, Ch. 3.)
- For more, see update in *Family Stress Management: A Contextual Approach* (3rd edition) (Boss, Bryant, & Mancini, 2017).

Cautions About Resilience

- Resilience is not always desirable (injustice, abuse).
- Focus on resilience may ignore symptom focus (need both).
- Strength-based therapy assumes agency and power. The disenfranchised need more than resilience; they need empowerment and real systemic change in our society. As mental health workers, we must educate ourselves about race, acknowledge our biases, and work to change them.

How to Increase Resilience to Live with Ambiguous Loss

1. Name the stressor; Is it “ambiguous loss”?
2. Use both-and thinking. . .not absolute or binary thinking.
3. Give up on the absolute of closure because ambiguous loss can last for years, even through generations—e.g., from polio epidemic loss to current loss; from slavery to now.
4. Be comfortable with unanswered questions: Keats.
5. Embrace ambiguity, not closure.

Let's look more closely at some items on this list.

Name the Stressor

- Name the stressor as “ambiguous loss” so people can begin their coping process.
- We can't cope with a problem until we know what the problem is.
- The problem is the ambiguity!

Use Both-And Thinking

We can calm ourselves by letting go of absolute thinking:

- “It’s nothing to worry about” versus “We’re all going to die!”
- Yes, it’s both dangerous AND manageable.”
- It’s both a terrible time AND a time to come together for the greater good.
- I’m home now alone AND also connected to other via technology.
- We are both frightened of the virus AND there is something we can do to help—stay at home.
- This is a terrible and dangerous time AND we can cope with it by being more flexible and resilient.

Use Both-And Thinking (cont.)

Encourage client/patient/family to do the same.

Examples:

- She is both gone—and still here.
- I must find a way to both hold on—and let go.
- He is both here—and gone.
- I have both the anxiety of no closure—and the opportunity to move forward with new relationships and interests.
- I am both sad about my lost hopes and dreams—and happy about some new ones.

...As Opposed to Absolute Thinking

- Nothing is wrong: Deny that anything is wrong; *“Nothing has changed. Dad is only forgetful because he is aging. Let him drive.”*
- Premature closure: Person is alive but extruded from the family. *“He is dead to me.” “She no longer knows me so I no longer visit her.”*
- Binary thinking: She is either alive or dead and gone; nothing in between.

Hold Two Opposing Ideas at the Same Time (Both- And Thinking)

“The test of a first rate intelligence is the ability to hold two opposed ideas in the mind at the same time, and still retain the ability to function.”

F. Scott Fitzgerald, *The Crack-Up*, 1945, p. 69.

Be Comfortable with Unanswered Questions: Keats

- The poet John Keats, in 1817, wrote about being comfortable with the uncertainty, mystery, and doubt—“*remaining content with half knowledge*” (Forman, 1935, p. 72).
- “Keats’ description of ‘*negative capability*,’ then, is precisely the skill needed to discover new hope when the ambiguity will not alter” (Boss, 2006, p. 179).

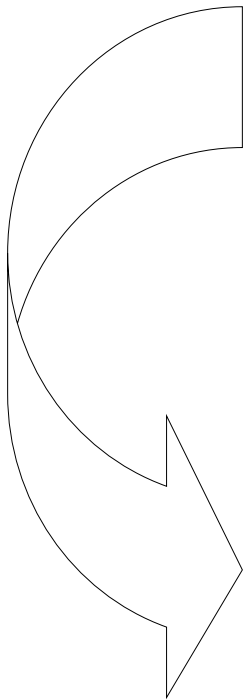
Embrace Ambiguity, Not Closure

- Enjoy paradox. The absent can be present; the present can be absent.
- Practice, have fun with ambiguity: Go fishing, walk a new trail, go sailing, play a new game, go for a drive without GPS or map, play a new sport, enjoy improvisation in theater or music, travel alone to a new place.
- Do something different; do something spontaneously. Take a risk; get out of your comfort zone.

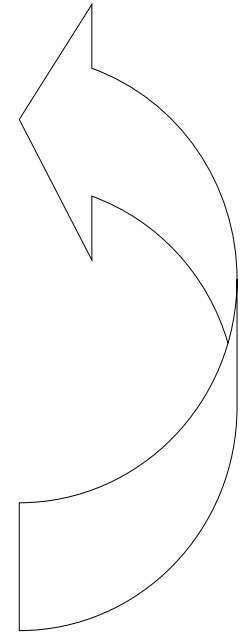


Treatment and Intervention The Guidelines

Guidelines for Resilience to Live Well Despite Ambiguous Loss



Finding Meaning
Adjusting Mastery
Reconstructing Identity
Normalizing Ambivalence
Revising Attachment
Discovering New Hope



(Boss, 2006, 2011, 2016)

Finding Meaning

How can I make sense of my loss?

What Helps? Giving the problem a name: “ambiguous loss;” talking with others; using both-and thinking; finding spirituality; forgiving yourself or others; continuing but adapting family rituals.

What Hinders? Seeking revenge, retribution; family secrets; isolation; seeking closure.

See Boss (2006), Chapter 4, pp. 73–97.

Adjusting Mastery

Recognizing that you can't control everything

What Helps? Recognizing world is not always fair; decreasing self blame; externalizing blame; mastering one's internal self (meditation, prayer, mindfulness); believing that bad things can happen to good people; knowing that sometimes, there are problems that have no solution.

Today: COVID; racism: If you feel helpless, do something you can control—cook, bake, exercise, dance, sing, pray, meditate, yoga; use both/and thinking.

What Hinders? Believing that you have failed if you remain sad about a loss

See Boss (2006), Chapter 5, pp. 98–114.

Adjusting Mastery (cont.)

Cultural Update

Many people, because of discrimination, prejudice, stigma, poverty, war, or pandemic have little or no mastery or control. Mastery needs to be increased, not decreased, to find the resiliency needed to move forward with their lives (Robins, 2010, 2013). Instead of “tempering mastery,” we now use the term “adjusting mastery,” up or down, depending on cultural context or stressor.

Reconstructing Identity

Who am I now?

What Helps? Finding a psychological family; redefining family/marital boundaries: who's in, who's out, who plays what roles.

Who am I now, what community or group do I belong to now? Zoom? What is my purpose in life now?

What Hinders? Resistance to changing who you are, what you do, how you do it.

Normalizing Ambivalence

Mixed emotions

What Helps? Normalizing anger and guilt, but not harmful actions; seeing conflicted feelings as normal with ambiguous loss, talking about them with a professional or peer group.

What Hinders? Denying or keeping secrets: wishing “it” were over; implicit bias.

See Boss (2006), Chapter 7, pp. 143–161.

Revising Attachment

Letting go while remembering

What Helps? Recognizing that your loved one is both here and gone (grieve what you lost, celebrate what you still have); finding new human connections; not expecting closure. Loved ones remain part of the fabric of our lives even after they die.


What Hinders? Holding on without also developing new attachments.

See Boss (2006), Chapter 8, pp. 162–176.

Discovering New Hope

What Helps? Becoming more comfortable with ambiguity (a kind of spirituality), laughing at absurdity, redefining justice, imagining new options, feeling some control even if the ambiguity persists and things don't go your way.

What Hinders? Isolation; insisting on always having the answer; seeking closure instead of meaning.



Self-Care When Working With Ambiguous Loss

Increasing Our Own Tolerance for Ambiguity and Lack of Closure

We work to increase our own
“tolerance for ambiguity” because
this is our source of resilience.

Warning Signs

- Physical: tired, exhausted, but can't sleep; hyperalert. Depressed, anxious, frequent headaches, hypertension.
- Psychological: feeling angry, hopeless; loss of confidence in one's ability to be effective at work; often arriving late.
- Relational (spouse, children, friends, coworkers): blaming, shaming; conflictual; abusing alcohol, drugs; abusing others, abusing self.

How to Stay Resilient and Strong

- Practice having fun with ambiguity (improvise, be spontaneous, play a new game, take a new path, etc.)
- Be mindful of your own feelings, behavior, and health.
- Set firm boundaries for work; take time for rest and recreation. Play with ambiguity. (examples)
- Talk with colleagues, friends. Have a social life, exercise, eat well, get enough sleep, pay attention to your dreams.

How to Stay Resilient and Strong (cont.)

- Acknowledge YOUR ambiguous losses and feelings. Find someone to talk to. List your losses; share with a peer or professional.
- If you feel overwhelmed—helpless or hopeless—seek professional therapy or supervision.
- With large-scale disasters, debrief with coworkers/supervisor at end of each day, or weekly, and as needed. Typical warning signs need to be spoken and shared. Professional secrets lead to more trauma and stress.

Q & A

Today, naming the problem “ambiguous loss” helps people understand that the stressor is not only the virus but also the many ambiguous losses that came from it.

Relevant Books By Dr. Boss

Ambiguous Loss: Learning to Live With Unresolved Grief (2000) (for general readers)

Loss, Trauma, and Resilience: Therapeutic Work with Ambiguous Loss (2006) (for professionals)

Loving Someone Who Has Dementia (2011) (for family caregivers)

All are available at bookstores and [amazon.com](https://www.amazon.com).

Ambiguous Loss Online Course for Certificate or CEUs

See www.ambiguousloss.com for more information about the Ambiguous Loss Online training certificate offered by the College of Education and Human Development at the University of Minnesota.

Professionals from a variety of disciplines will find this course valuable, including family therapists, social workers, educators, nurses, psychologists, school and guidance counselors, grief counselors, international humanitarian workers, clergy and pastoral counselors, military support personnel, and health care professionals.

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COVID Resources

COVID-19 – Family Social Science Offers Coping Resources

<https://news.cehd.umn.edu/covid-19-family-social-science-offers-coping-resources/>

UMN Family Therapist, Q & A: Grieving Losses Amid Coronavirus Pandemic with Pauline Boss, *Pioneer Press*, 4/5/20

<https://www.twincities.com/2020/04/05/umn-family-therapist-qa-grieving-the-losses-amid-coronavirus-pandemic/>

Ambiguous Loss: Helping Teens and Others Cope with Lost Milestones

<https://www.umnalumni.org/s/1867/18/interior-wide.aspx?sid=1867&gid=2&pgid=2084>

On Being, a Care Package for Uncertain Times

<https://onbeing.org/starting-points/a-care-package-for-uncertain-times/>

COVID Resources (cont.)

All the Things We Have to Mourn Now, *The Atlantic*, 5/1/20

<https://www.theatlantic.com/family/archive/2020/05/grief-mourning-death-pandemic/610933/>

The Little Losses Caused by COVID-19 Add Up. Here's How to Deal with Them, *Star Tribune*, 4/18/20

<https://www.startribune.com/the-little-losses-caused-by-covid-19-add-up-here-s-how-to-deal-with-them/569723612/>

COVID-19 and its Ambiguous Losses: How to Cope with the Stress and Anxiety, University of Minnesota Alumni Webinar, 4/13/20

<https://www.youtube.com/watch?v=QQRRbFJ0arM>

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